

# Why Community Planning is Still Relevant

Michael Wallace  
January 20, 2009

# Core Objectives

- Fostering the openness and participatory nature of the community planning process
- Ensuring that the community planning group reflected the diversity of the epidemic in the jurisdiction and that expertise in epidemiology, behavioral science, health planning, and evaluation were included in the process
- Ensuring that priority HIV prevention needs were determined based on each jurisdiction's unique epidemiologic profile and an HIV prevention needs assessment.
- Ensuring that interventions were prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, theory (from social and behavioral science) and community norms and values – this one got us in a lot of trouble in the beginning.
- Fostering strong, logical linkages between the community planning process, plan, application for funding, and allocation of CDC HIV preventions resources.

# Successes

- **Development of planning groups.**
- **Opening up the planning process.**
- **Recruitment of diverse membership.** Significant progress has been made in assuring that community planning groups reflect the epidemiology of the disease in their jurisdiction.
- **Improved relationships between providers and those at risk.** Significantly improved relationships have been developed between health departments and at-risk communities. Also, at-risk communities report more acceptance and ownership of HIV prevention interventions.
- **Enhancing scientists' understanding of community.** Epidemiologists and other social scientists are working closely with community planning groups and, in so doing, have developed a greater understanding of community perspectives and needs.

# Successes

- **Increasing communities' knowledge of epidemiology.** Communities planning groups gained and now have a clearer understanding of epidemiological data and a more widespread acceptance of its value. Your willingness to accept, understand, and utilize this data helped to remove the “I think, I feel and I want” syndrome that was so prevalent before. The epidemiological profile is the strongest element in the majority of comprehensive plans.
- **Changing the direction of prevention spending.** Clear evidence exists that the comprehensive HIV prevention plans developed by community planning groups have altered budget allocations.
- **Affecting prevention activities:**
  - enhanced prevention activities:
  - increased targeting of programs geographically and in recognition of different behaviors and cultures within at-risk populations
  - increased attention to evaluation – **significant to continued funding and utilization.**
  - shifts in staffing, community roles, and relationships
  - improved coordination of HIV prevention activities
  - use of comprehensive plan by outside organizations
  - expansion of the planning process to determine priorities for programs and fund beyond HIV prevention cooperative agreement activities

# Some Results

- The decrease in mother-to-child (perinatal) HIV transmission is a public health achievement in HIV prevention in the United States.
- Widespread availability and use of diagnostic and screening tests for HIV infection to promote individual knowledge of HIV serostatus and to ensure the safety of the nation's blood supply has been another success.
- Widespread HIV testing promotion and uptake have resulted in approximately 50% of persons aged 15--44 years in the United States reporting that they have had an HIV test , with a high proportion of those at increased risk (e.g., men who have sex with men [MSM] and injection-drug users) reporting having an HIV test during the preceding year .

# Results

- National HIV-prevention initiatives have been supported by HIV-prevention programs of state and local health departments, community-based organizations, and other partners.
- Prevention interventions, including drug treatment programs, peer outreach, and risk reduction, have contributed to a steady decline in new HIV/AIDS diagnoses among injection-drug users.
- Another prevention success has been the diffusion of evidence-based effective behavioral interventions (DEBIs) for primary and secondary HIV prevention among persons, small groups, and communities. There are now scientifically based interventions upon which communities can build effective programs.

# Results

- These interventions have helped to ensure that those persons at greatest risk for HIV transmission or acquisition are able to obtain intensive support to reduce risk behaviors and adopt protective strategies for their health and the health of their partners.
- I contend that without the community planning process, these advancements would not have happened as quickly or efficiently as they did. How far we have come.

# Challenges

- Approximately 25-27% of those living with HIV are not aware of their status. Not only are they at high risk for transmitting HIV to others, but they are much less likely to take advantage of effective medical treatments.
- MSM account for approximately 45% of newly reported HIV/AIDS diagnoses and nearly 54% of cumulative AIDS diagnoses.
- Prevalence of HIV infection among black, non-Hispanics is over two and a half times higher than prevalence of HIV in the general population, and over four times higher than prevalence of HIV among white, non-Hispanics.



# Challenges

- The number of black women living with HIV/AIDS is significantly higher than the number of white women, despite the fact that black women represent a much smaller proportion of the population compared to white women
- HIV infection and homelessness are common co-occurring conditions, with disproportionate numbers of homeless individuals infected with HIV and disproportionate numbers of HIV-positive individuals suffering homelessness.
- Similarly, HIV infection and poverty frequently co-occur.

# Challenges

- People who are currently or formerly-incarcerated also have disproportionately high prevalence of HIV, as well as higher likelihood of facing disruptions in their continuum of care and of experiencing greater morbidity than the general HIV-positive population.
- Individuals infected with an STD are at least two to five times more likely to acquire HIV through sexual contact. Individuals who are co-infected with HIV and an STD are more likely to transmit their HIV disease during sexual contact with individuals who are either monoinfected or co-infected, compared to individuals who are monoinfected.

# Challenges

- Immigrants: PLWH/A who are foreign-born made up 7.8% of HIV-positive individuals in the TGA at the end of 2007; however, 12.4% of new HIV diagnoses from 2006 through 2007 were among foreign born individuals.
- Young Adults: PLWH/A diagnosed with HIV between the ages of 15 and 24 years comprised 12.3% of all PLWH/A at the end of 2007, but 19.2% of new HIV/AIDS cases from 2006 through 2007. The emergence of young adults as a significant reservoir for HIV infection is concerning, particularly given the exceptionally high rates of GC and CT already seen in this population in the TGA.
- A scaling up of the diffusion of effective behavioral interventions (e.g., DEBIs) is required; however, limitations exist in CDC's ability to meet current training and technical assistance needs, as well as states' abilities to implement them widely.

# Challenges

- In many locales, the community-level workforce might be weakened by attrition, fatigue, and inadequate program skills. BURN OUT
- Changing public perceptions of HIV/AIDS in the United States, coupled with the widespread availability of highly active antiretroviral treatment, has led to the widespread belief that AIDS is no longer a problem or a severe disease in the United States.

# Challenges

- Complacency, stigma, and discrimination persist and all decrease motivation among persons and communities to adopt risk-reduction behaviors, get tested for HIV, and access prevention and treatment service.
- **And you can speak for all these groups and insist that one group not be pitted against another. You can help to prevent the notion that you have to rob from Peter to pay Paul. This process has the capacity to assist in providing a strong voice to national, state, and local funders of the need for additional dollars so no group is left behind. Your voices can help to keep the nation, state and local community focused on the vast needs associated with HIV.**

# Where We Go From Here

- **Continue to form partnerships and bringing new people and communities to the table..**
- **Insist on having increased access to voluntary HIV testing.**
- **Evaluate and help to develop and implement prevention messages focused on both HIV-positive and HIV-negative persons.**
- **Continue to find ways to integrated prevention programs.**
- **Improved monitoring of new HIV infections**
- **Research and bring to light new prevention technologies**